

46-5018E

FS-19

Inmate Name: Cyrus whitsu	TDOC Number: 237655
Institution: NEX	Housing Unit:
Institution Grievance Number: 33125-29	TOMIS Grievance Number: 346160
Commissioner's Response and Reasons:  The Assistant Commissioner of Clinical Services/	Designee has reviewed the grievance and:
☐ Concur with Warden ☐ Concur with Supe	ervisor   Concur with Committee
06-18-229 Fee L-16. 7F. Date Assistant	Ema, /h Brysma F-Bacy Commissioner of Prisons

Department of Correction •  $6^{th}$  Floor Rachel Jackson Building • 320 Sixth Avenue North • Nashville, TN 37243 • Tel: 615-253-8180 • Fax: 615-253-1668 • tn.gov/Correction



## TENNESSEE DEPARTMENT OF CORRECTION **INMATE GRIEVANCE RESPONSE**

C. Whitson	237655 NUMBER	NECY/ INSTITUTION & UNIT	33 <u>135-34/38</u> Grievance n	<i>6626(</i> UMBER
	er estro	ogen m	medico rches b	ul Ca
Inmate Grievance Committee's Response and		s to sia	rden	
DATE Soft	CHAIRMAN  LAWAM	cco c.	VINCS MEMBER	
MEMBER	MEMBER		MEMBER	
Warden's Response: Agrees with Proposed Disagrees with Proposed Response  If Disagrees, Reason(s) for Disagreement	Response			
DATE: 6//2/4 WARDEN' Do you wish to appeal this response?	S SIGNATURE:	NO NO		
If yes: Sign, date, and return to chairman for to previous responses if so desired.  Commission of Response and Reason(s):	processing. Grievant may			al/reaction
Prison Operations	,			
DATE  Distribution Lines Sized Baselution		SIGN	ATURE	
Distribution Upon Final Resolution:  White - Inmate Grievant Cana CR-1393 (Rev. 3-00)	ry – Warden Pink – Griev	vance Committee Goldenro	d - Commissioner RDA 22	44



# TENNESSEE DEPARTMENT OF CORRECTION **INMATE GRIEVANCE**

			!
Cyrus R.Whitson MM COO!	kie 237655	N.E.C,x	8/28
DESCRIPTION	NUMBER	INST:TUT	ON & UNIT
DESCRIPTION OF PROBLEM: DELIBER	ate Indiffe	rence to a S	erious
Medical NEED.			
REQUESTED SOLUTION Remove	Dr. Faber From	nhedical and	4- 570
that He Had = Tak	n mala D	1110	116 3 913
that He Had To Tak	e my meas as	ram me and th	0 2 18tf
that Has allowed him	10 practice	Medidace Here	OT N.EC.X.
Cyrus Ruhton Ca Signature of Grievant	stie	5/18/24 Date	
	. = = = = = = = = = = = = = = = = = = =	Date	
, TO B	E COMPLETED BY GRIEVAN	: CF CI	=======================================
72/2006			
Grievance Number	Date Received	Signature Of Grieva	>
		Signature Of Grieva	nce Clerk
INMATE GRIEVANCE COMMITTEE'S RESPONS	E DUE DATE:		
AUTHORIZED EXTENSION: New Due D			
New Due D	ate	Signature of Grievan	t
		=======================================	========:
Summary of Supervisor's Response/Evidence:	NMATE GRIEVANCE RESPO	NSE	
			!
Chairperson's Response and Reason(s).			
DATE: CHAIRPERSOI			
OI MINTERSOI	N:		
Do you wish to appeal this response?  If yes: Sign, date, and return to chairman for account.	YES	NO	
If yes: Sign, date, and return to chairman for proce	essing within five (5) days of re	ecipt of first-level response.	i
Cyrus ( Shitson	6/4/94	A MARCH	
GRIEVANT	ØATE /	WITHER	
Distribution Hoon Size   Decition	<i>'</i>	WITNESS	<b>)</b>
Distribution Upon Final Resolution: White - Inmate Grievant Canary – Warden	Diat. O.		· Ì
CR-1394 (Rev. 3-00)	- The Committee	Goldenrod – Commissioner (if a	oplicable)
•	Page 1 of 2		



# TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE (d

(continuation sheet)



# TENNESSEE DEPARTMENT OF CORRECTION

**INMATE GRIEVANCE** 

(continuation sheet)

DESCRIPTION OF PROBLEM.	
NOT last the trip without Having a Heart attack on m	u
Way there I Want my Meds Back at once Medical Der	act-
Ment is going to BE Rest the cause of me Having &	?
Nearta da la	1
and taking My Meds and STUFF from Me is or as	
and taking my Meds and Stuff from me just as they rook my Cain from me cause i would not g	70
and Hard for me to walk its They way of Making is	Bad
and Hard for me to walk its they way of making	<u>ກeໍ</u>
TO THE DUTY OF MAINE AND THE POCKUSE I WANT KICK	
my life to go to special Needs so They makes my	2
Suffer in paint and yes i do want to appeal This Grievance Cause in filing a 1983 Complaint	
- This Grievance (ause in filing 2 1983 Complaint	
ON medical this Time i've Had Enough of medical just	
doing me ang way they want to they gonna End up Caus	ing
Me To Have a Heart attack or doing Something To Harm of	ndself
So Before this Happens To me im going To just file a se	VITE_
	<del></del>
	·



### TENNESSEE DEPARTMENT OF CORRECTION

#### RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 65-24-2624	Please respond to the attached grievance	e, indicating any actio	n taken.
	Date Due: <u> </u>		
33125-34/366Z60 Grievance Number	Inmate Name	237/55 Inmate Nun	
W. Duty			
	<u> </u>		
Asgordig this is give	as re discus	1	
of you refine set	herce and you	refreed &	
	to have your	ì	Sves
ordressed. So white	Λ '	the her	none
doctor and offresser	<b>V</b>		
to the frent doct		ut is n	<u>_</u>
If you vot to	troved forward	me	2/
to step both on a		yas	
heart oppt.			
The second of th			
HAX HON-		06/02/74	/
SIGNATURE		DATE	

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-3148 (Rev. 3-00)

RDA 2244



e full medical effects and safety of hormone therapy are not fully known. There is an increased risk of the following adverse effects which may Include, but are not limited to: Female to Male Increased cholesterol/fats in the blood which may increase risk for heart attack or stroke Increased number of red blood cells (increased hemoglobin), which may cause headache, dizziness, heart attack, confusion, visual disturbance, or stroke Acne · Heart disease, arrhythmias, and stroke High Blood Pressure Liver disease and inflammation Increased (or decreased) sex drive and sexual functioning Psychiatric symptoms such as depression and suicidal feelings: anxiety, psychosis (disorganization and loss of touch with reality), and worsening of psychiatric illnesses Infertility Genital changes (enlargement of the clitoris and labia with vaginal dryness) Male pattern baldness with development of facial and body hair Male to Female Increased or decreased cholesterol and/or fats in the blood, which may increase the risk for heart attack or stroke Elevated levels of potassium in the blood, which may cause abnormal heart rhythms (if spironolactone is used) Blood clots (deep venous thrombosis, pulmonary embolism) Breast tumors/cancer Heart disease, arrhythmias, and stroke High blood pressure Liver disease and inflammation Pituitary tumors (tumor of small gland in the brain which makes prolactin) Acne (if progesterone is used) Increased or decreased sex drive and sexual functioning Psychiatric symptoms such as depression and suicidal feelings; anxiety, psychosis (disorganization and loss of touch with reality), and worsening of pre-existing psychiatric illness Testicular atrophy (decreased in size and function) Impotence (difficulty with penile erections) Some side effects from hormones are irreversible and can cause death. The above risks and benefits of hormone therapy have been discussed with me, including the risk that hormone therapy will not accomplish the desired objective. I have read and understand the above information regarding hormone therapy and ACCEPT the risks involved. I have read and understand the above information regarding hormone therapy and DO NOT accept the risks involved I have had sufficient opportunity to discuss my condition and treatment with my medical provider and I have adequate knowledge on which to base an informed consent for hormone therapy. Date Signature of Primary Care Provider Date Name of Primary Care Provider (Printed)

A Copy of this 52me form in modulation file and it point leave to case 2:24-cy00191-pclc-crown Documents is a filed 10/18/24 Page 7 of 8 This form and the file for Nothing that Proposition of the form and



### NECX Grievance Committee Hearing

Date: 6/11/24	Begin Time: 910 End Time: 930
Chairperson: Sqt. Worley	Clerk: Tipion
Staff Member: County Salar ce>	Staff Member: C. VIOLS
Inmate Member:	Inmate Member: My Townell
Grievant: C. Whitson	TDOC#: 237655
Grievance #: 33125-24	Tomis ID #: 3/do 260
Area Grieved:	
Sergeant reviews with grievance Board and responsasks if the Grievant has anything to add. Grievant/	- · · · · · · · · · · · · · · · · · · ·
Im stated that wher	1 She took her
medications to med	ical per request
they took her estra	gen patches and
are not allowing he	r to continue her
medical course. I	
doctor told her that	- they are taking
Chairperson asks the Board for questions and Griev	ant responds:
Grievant is excused from hearing; Board's recommon Review Medication AWT Andrews. Recommon Review.	e milmadianid

Northeast Correctional Complex 5249 Hwy. 67W P.O. Box 5000 Mountain City, TN. 37683

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